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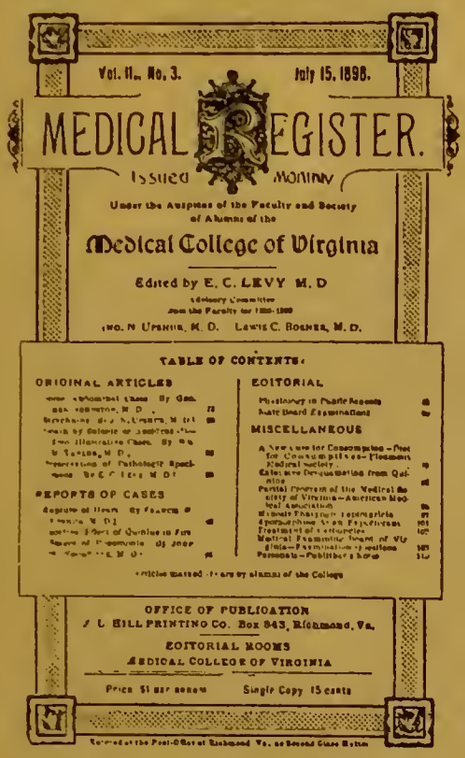

October, 1899.

16.

GASTROSTOMY FOR TRAUMATIC STRICTURE OF THE ESOPHAGUS--REPORT OF CASE.

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Reported at the Tenth Annual Meeting of the Medical Society of Virginia, Richmond, October 24–26, 1899.

GASTROSTOMY FOR TRAUMATIC STRICTURE OF THE ESOPHAGUS—REPORT OF CASE.*

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Perhaps no more pitiable spectacle comes under the eye of the surgeon than an otherwise healthy person slowly perishing from starvation due to traumatic stricture of the esophagus. One has only to glance at the first of the accompanying cuts [Fig. 1] to verify this statement.

The youth, Robert Starling, whom I exhibit to you was referred to me by Dr. E. C. Moore, of Wilson, N. C., July 23, 1899. He resides at Kenly, N. C. Dr. Moore's letter stated it was a case of esophageal stricture which had become impermeable. The following brief history was elicited at the Old Dominion Hospital, into which he was admitted July 23, 1899:

He knows nothing of father or mother, who died when he was young. Health had always been good with exception of the present trouble and a few chills. When about three years old he swallowed concentrated lye. Remembers nothing about suffering at that time, but ever since he can remember he has had to press on esophagus to complete the act of swallowing. He could eat anything at first but took twice as long as other people. One week before coming to the hospital his throat appeared to close up so he could not swallow except with great difficulty. Continued to get worse until July 20th, when he could take only milk, and that in very small quantities.

On July 24th I examined him in the hospital. It is impossible to describe his wretched appearance, his wasted form, his distressed countenance.

Esophageal bougies of various sizes were employed in succession, descending in calibre until the passage of a filiform urethral bougie was undertaken. In spite of a most careful

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and painstaking effort. we found that as Dr. Moore wrote me, "nothing would pass." Swallowing had become almost impossible. A mouthful of fluid could be trickled through the

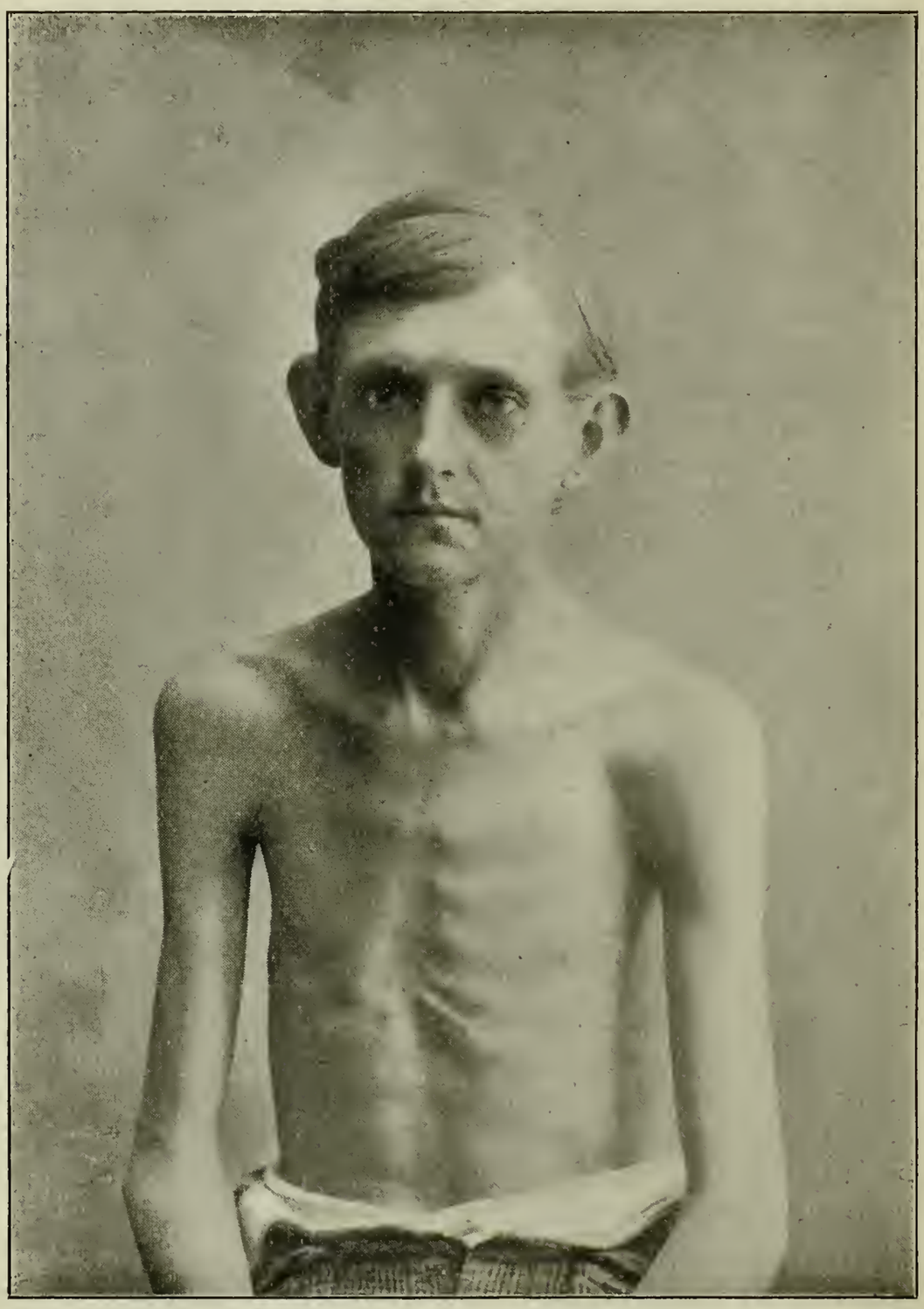

FIG. 1.—Dr. Johnston's case of Gastrostomy, on admission to hospital.

stricture by stroking the neck at this point. It required twelve hours for him to drink a single glassful of milk. Efforts to pass a bougie were repeated on the twenty-sixth and

twenty-eighth of July with no better success than the first. To save the boy from a torturing death by starvation, it was determined to do a gastrostomy on him.

I selected the method of Ssabanajew-Frank, which seemed most suitable in this case. In Dennis' System of Surgery, pages 275–276, Richardson, of Boston, there describes the operation.

"The Ssabanajew-Frank method was so called because it was done in 1890 by Ssabanajew of Odessa and by Frank in Vienna in 1892. By this method two incisions are made.

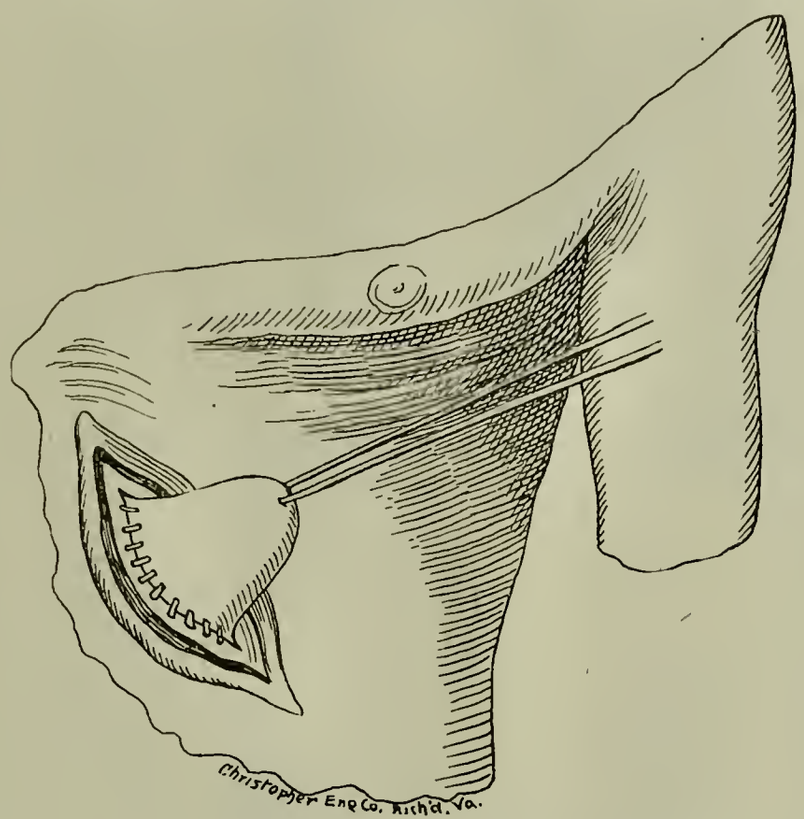

Fig. 2.—Ssabanajew-Frank method of Gastrostomy, first stage. (After Richardson, Dennis' System of Surgery.)

The first is along the left costal border. The stomach is drawn out of this incision a sufficient distance and fastened there [Fig. 2]. A second incision is made through the skin an inch or two to the left. The tip of the gastric fold is brought under the skin and fastened into this second incision [Fig. 3]. The fistula is made at this point. Meanwhile the first incision is closed. The inventors of this operation have reported each four cases, Myer of New York three. This method is inapplicable in cases of contracted stomach. Indeed, in cases of prolonged starvation the stomach will not infrequently be found so contracaed that it is brought with difficulty to almost any ventral incision."

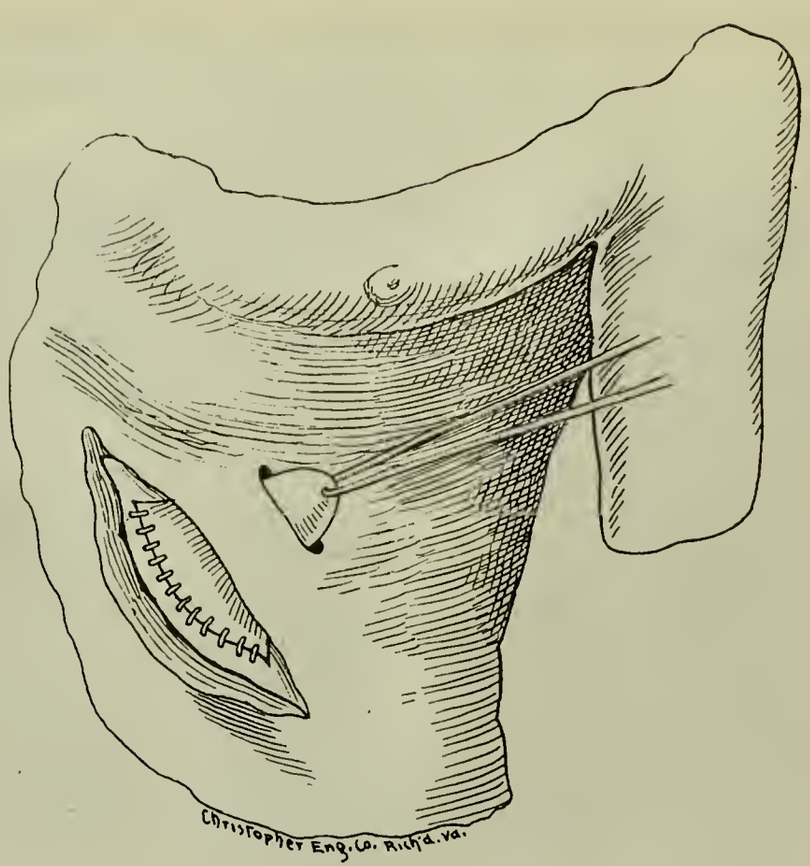

Fig. 3.—Ssabanajew-Frank method of Gastrostomy, second stage. (After Richardson, Dennis' System of Surgery.)

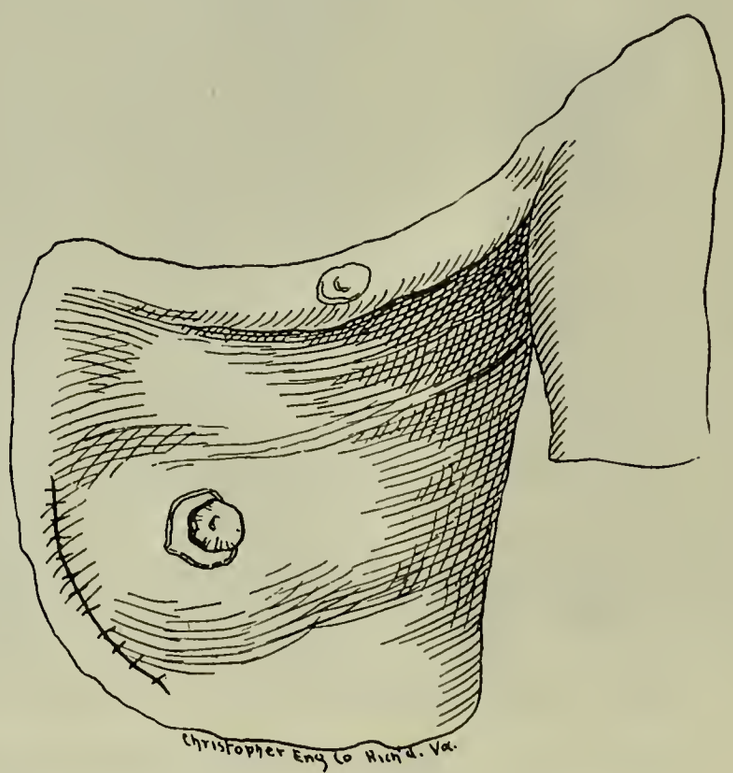

Fig. 4.—Ssabanajew-Frank method of Gastrostomy, operation completed. (After Richardson, Dennis' System of Surgery.)

The operation was done under chloroform anesthesia and occupied twenty minutes. The stomach was found normal in size. Dr. Moore was present at the operation. Tube feeding

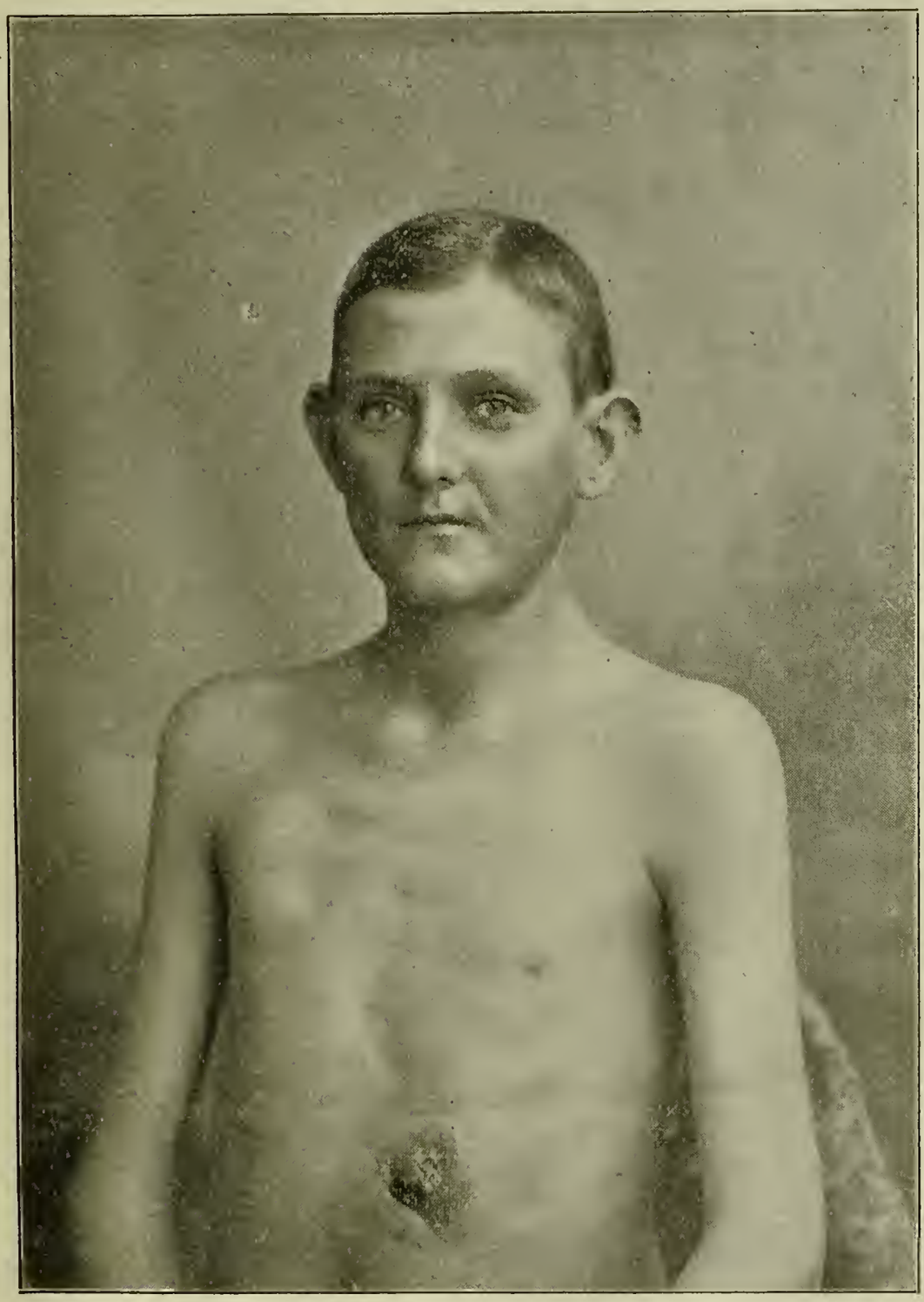

Fig. 5.—Dr. Johnston's case of Gastrostomy, at present time.

was begun a few hours after operation. At first he was given only peptonized milk. Later, his died was enlarged to broth of various kinds and soft-boiled eggs. As far as practicable

all his food was predigested, and he was encouraged to masticate chewing gum and swallow the saliva.

At the end of ten days dilitation was again attempted by my colleague, Dr. John P. Davidson. This has been carried on with considerable success until now a No. 12 bougie will be admitted through the stricture. He swallows with considerable ease, takes promiscuous food and enjoys a ravenous appetite.

His progress after operation was entirely satisfactory, except for the unfortunate infection of the superficial portion of the larger wound which, on this account, had to heal by granulation, and thus marred the cosmetic effect of the procedure.

It will be observed that on the day of operation he weighed only eighty-two (82) pounds, and his appearance was most deplorable. To day, eighty-six days after, his weight is one hundred and twenty-five (125) pounds, or a gain of forty-three pounds, or at the rate of one-half pound per day. [Fig. 5.]

The case is worthy of report because of the striking result obtained and because it may serve to prove that such strictures can be more efficiently treated by dilitation when the esophagus is at rest and not subjected to the trials and irritation of difficult swallowing. Besidcs, the treatment goes on under improving health when successful tube feeding has been arranged for.

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